

**KLEIN INDEPENDENT SCHOOL DISTRICT
NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION**

Student's Name:

DOB:

School:

We are requesting that you authorize Klein ISD (or its agent) to speak with the party specified regarding the above-named student and the release or request of specified records containing confidential information regarding the above-named student.

<input type="checkbox"/> KLEIN I.S.D. HAS PERMISSION TO RELEASE INFORMATION TO:			RECORDS REQUESTED <input type="checkbox"/> All Educational Records <input type="checkbox"/> Transcript & Immunizations <input type="checkbox"/> Academic Assessments <input type="checkbox"/> Psychological Assessment <input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Speech/Language Assessment <input type="checkbox"/> Vocational Assessment <input type="checkbox"/> OT/PT Assessments <input type="checkbox"/> Medical Reports <input type="checkbox"/> ARD/EP Reports <input type="checkbox"/> Individual Translation Plans <input type="checkbox"/> Other: _____
Name:	Phone:		
Address:			
City:	State:	Zip:	
<input type="checkbox"/> KLEIN I.S.D. HAS PERMISSION TO REQUEST INFORMATION FROM:			
Name:	Phone:		
Address:			
City:	State:	Zip:	

PURPOSE OF DISCLOSURE:

Health Planning Educational Planning Student Transfer Other:

If you wish to have more information or if you have any questions, please contact the following staff person:

Name: _____ Phone: _____

Yes No I have been fully informed and understand the school's request for release of the student's records as described above. This information will be released upon receipt of my written request.

Yes No I understand that my consent is voluntary and may be revoked in writing at any time. Otherwise, this release is valid for one year from the date of the signature.

Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provisions of a free appropriate public education.

Signature of Parent, Guardian, Surrogate Parent, or Adult Student Date: _____

Signature of Interpreter, if used Date: _____

Please return to: Name _____ Date Mailed/Sent: _____ Address _____
City/State/Zip _____